UCSF NEWS

Food Borne Diseases

Every day, in dozens of locations across the country, individuals and more often groups of persons, become ill as a result of food which they have eaten. While there is much current publicity about chemicals in food . . . pesticides, preservatives, hormones, chemical fertilizers, etc. . . . bacterial contamination has always been, and probably always will be, a much greater hazard to health. What may be surprising is that this bacterial contamination, or certainly the control of this contamination, occurs right in your own kitchen or at the place of final food preparation and service.

The exact number of food poisoning cases in this country per year is not known. The victim usually dismisses his intestinal distress with the comment . . . "Must be the flu or something I ate." . . . Since food poisoning is rarely serious or fatal (except for botulism poisoning), the patient usually does not seek medical care and, thus, the illness is not reported. Estimates have been made that there may be between 3 million and 10 million cases of food poisoning per year.

The disturbing fact is that the great majority of these cases can be prevented by following four basic rules of food sanitation called the "Magic Four":

1. Keep food clean.
2. Keep food cold.
3. Keep food hot.
4. Don't keep food very long if it can't be kept hot or cold.

Just what is meant by CLEAN, COLD, HOT, LONG?

CLEAN means that the food must be prepared in clean areas, in a clean manner, and with clean equipment: such as cutting boards, grinder, can opener, mixer, slicer, utensils, etc. Foods must be stored in areas free of vermin and rodents; stored off the floor and covered while in storage to prevent contamination. Foods should not be handled more than absolutely necessary. Use a proper utensil such as a fork, spoon, tongs, spatula, etc. However, it is realized that utensils will never replace the human hand for many situations. Can you imagine trying to debone a chicken using only utensils? Or to stuff a turkey without using the hands? Or to make a sandwich? When it is necessary to use the hands, they certainly should be thoroughly and recently washed. When skin infections are present on the hands, special precautions such as wearing rubber or plastic gloves must be taken to prevent direct contact between the infection and the food. It must be also realized that raw food is rarely "sterile" and normally contains many types of microorganisms, including some which may be harmful to man. The intent of *clean* is to minimize contamination with additional microorganisms.

HOT means at least 140 degrees Farenheit or higher. This means thorough cooking of all pork, poultry, and poultry products such as dried or frozen egg products. Remember that many packaged puddings, eggnog, cake mix, etc., often contain egg products and children should not be allowed to "lick the spoon or bowl" containing such uncooked products. When holding prepared foods for service in a steam table, water bath, or on "top of the stove," be sure the food temperature is maintained at 140 degrees Farenheit or higher in the center of the food mass. Frequent stirring will maintain a more uniform temperature throughout. This temperature will gradually kill most food poisoning organisms and/or will prevent their multiplication to sufficient numbers to cause illness.

COLD means a temperature of 45 degrees Farenheit or less. Prepared foods should be chilled as rapidly as possible when being stored. When hot foods are to be placed in the refrigerator, they should be stored in containers with a maximum 4-inch depth or diameter to allow for rapid penetration of cold temperature to the center of the food contents. Don't let foods come to room temperature before refrigerating—refrigerate immediately! When large quantities of food have been prepared some time prior to service and refrigerated, they should be removed from the refrigerator in small lots for final preparation, such as slicing, deboning, mixing, etc. Such food should then be heated immediately or returned to refrigeration until the time of heating or service.

TIME (very long) means that prepared foods should not remain at incubation temperature (between 45 degrees and 140 degrees Farenheit) for longer than 4 hours. This 4 hours is cumulative time—(1 hour then, 2 hours now and 1 hour later, or any combination of time periods). Remember that foods must pass through the incubation temperature range during periods of refrigeration after cooking, and reheating after refrigeration. Thus, there is not much time remaining for carelessness in refrigeration or reheating.

Four basic and rather simple rules. If they are followed you can be fairly well assured that you will escape being a food poisoning statistic. If you are careless—you'll be sorry! Food poisoning is not pleasant and can be deadly!

Frank Gohr, M.D.

Botulinus Food Poisoning

Although botulinus food poisoning is relatively rare, it is a very serious illness when it does occur in man. For the past several months the term "clostridium botulinism" has appeared often in the news because of its identification in certain brands of commercially canned mushrooms. What should be realized is that visible botulinum spores have been detected in the cans of mushrooms and there is, therefore, a *possibility* of toxin formation. It is the pre-formed toxin and not the microorganism which causes the illness. All such contaminated cans must be removed from public sale, even though actual cases of botulinus food poisoning from these mushrooms have not as yet been reported.

Botulinus food poisoning most commonly occurs after eating *home canned* foods, especially corn, peppers, stringbeans, lima beans, mushrooms, fish, and other alkaline foods which have not been adequately processed in the home kitchen. Every home canner should be familiar with the proper time, pressure, and temperature relationships necessary to destroy botulinum spores in various foods. (Dr. Karl F. Meyer, world famous for his research in determining such time-temperature relationships for the commercial canning industry, recommends a booklet on Home Canning published by the U.C. Agricultural Extension Service.)

Good practice should always require the need to vigorously boil home canned foods, before eating, for at least three minutes with frequent stirring in order to destroy any heat-labile toxin that may be present.

It must be recalled that canned food may be contaminated with clostridium botulinum without any change in gross appearance and that the slight rancid odor which sometimes indicates its presence may not be apparent. Botulism has not been associated with fresh foods, cooked or raw.

Frank Gohr, M.D.

One Boy's Battle

The accident that altered the lives of the Walter Radke family so significantly happened one October afternoon in 1972. It was caused by an ordinary wasp.

Walter Radke and his son Jim, age 13, were returning home from a Saturday spent hunting in the woods near their home in Montague, California, located in mountainous country near the Oregon border. Walter was driving their orange and beige colored van that the family called "The Whoopie" and Jim was talking about the two bear cubs they had glimpsed through the trees . . . the comical way their hind legs seemed to run ahead of their front legs.

Then the wasp entered the van. Jim tried to shoo it out the window, but it lit on Walter's face and stung him between the eyes. The Whoopie swerved on the rain-puddled road, its brakes locked, then it keeled over on its right side. Pinned under it was Jim's right arm.

At the Radke home the telephone rang. It rings often because Mary Ann Radke writes a column about local happenings for the Siskiyou Daily News and neighbors call in items for the paper. But this news was deeply disquieting. "I just saw the Whoopie going down the road hauled by a tow truck," the neighbor told her.

Mary Ann sat down and waited for the phone to ring again. She dreaded what the next phone call might bring. She remembered the auto accident in which her daughter was killed, years ago. The phone didn't ring. Instead, her husband came with the ambulance driver and they went, together, to Siskiyou General Hospital, the familiar place where she often worked as a volunteer.

"It didn't seem to be too bad at first," Mary Ann recalled. "Apparently the metal drain pipe on the side of the van had gouged Jim's arm and ground in a lot of dirt. He seemed to be getting along all right, but two days later, around noon on Monday, the doctor told me he would have to amputate Jim's arm."

Mary Ann stalled. "I was stunned," she said. "I just couldn't bring myself to sign that paper allowing the operation. I told the doctor that I would have to talk to my husband . . . that Jim's father had a right to share in any decision made about our son."

A friend drove her to the logging company in Hilt, 20 miles distant, where Walter worked driving a water truck. Just two weeks before, all the employees had received written notice that the 62-year-old company would soon close down.

Walter had been deeply worried about his family's future, and now, there was Jim's injury. He and Mary Ann drove back to the hospital, numb and confused; after all, what alternative did they have but to sign that paper?

As it turned out, however, they did not have to make any decision, things were taken out of their hands. Mrs. Nancy Thompson, the hospital's public relations director, under whose direction Mary Ann performed her volunteer duties, came up and put her hands on Mary Ann's shoulders.

"Hurry home and pack, everything's been arranged while you were gone," Mrs. Thompson said. "You and

Paul Kolsanoff

Jim Radke lines up a shot in spite of a heavily bandaged arm. Sometimes he uses his toes to align the cue.

Jim are going to U.C. in San Francisco, a mercy flight has been arranged."

"U.C.? I'd never even heard of it," Mary Ann said. "All I knew of San Francisco was that my mother used to take us kids there once a year to shop for our school clothes. I was so rattled all I packed was shoes."

Then she and Jim were aloft in a small plane, just large enough to hold them, the pilot, and Farrell Hester, the head orderly from Siskiyou General Hospital who tended to Jim. They were met at the San Francisco airport by an ambulance and driven swiftly to Moffitt Hospital.

"They were expecting us," said Mary Ann. "Jim was taken up to the Pediatrics Ward and I talked to a gracious lady in Hospital Admitting who made everything seem less scary. She brought me a cup of coffee, and did it taste good! Everything went just like clock work. Then Mrs. Marilyn Sommer, the social worker at UCSF, who was to be so helpful to us in the months ahead, found a guest house for me to stay in."

Later, after the doctors had examined Jim, they told his mother they would have to operate immediately. Yes, they told her, they would do everything in their power to save Jim's arm.

Later still, two policemen came to see Mary Ann. They had her husband with them: Walter had set off to drive to San Francisco as soon as the mercy flight had left Montague. He had asked strangers for directions to the hospital and they had elicited the help of the police, who in turn escorted him to his wife.

"We're country people," said Mary Ann. "We always had the idea that city people were too busy and indifferent to be interested in other people's troubles, but we have certainly had to change our opinion. We just can't get over how kind people have been to us, even perfect strangers."

The days that followed were a confused blur to Mary Ann. "Can you save his arm?" she kept asking Dr. James Morris, the orthopedic surgeon in charge of Jim's treatment. Dr. Morris would make a little tough-and-go gesture with his hand. He looked grave. Then one day Dr. Morris and the surgical residents came up to her. They were all wearing big smiles. "You've saved his arm!" she exclaimed. It was then they told her that not only had they been fighting to save Jim's arm, but his life, as well. And that was the first time she heard the word *gangrene* mentioned.

Jim's first stay at Moffitt Hospital lasted four months. Dr. Morris, Associate Professor of Orthopedic Surgery, and plastic surgeon Dr. John Q. Owsley, Assistant Clinical Professor of Surgery, planned and executed a progressive series of operations to restructure Jim's arm. The operations involved debridement (removal of dead tissue), replacement of tissue by skin grafts taken from Jim's thigh and abdomen, and improving the blood circulation in his arm. He has returned at intervals for further treatment and operations, the most recent involving transplantation of the tendons in his hand to improve his grip.

"Sometimes it was very hard," Mary Ann confessed, "but always the staff's kindness and concern made it bearable. Those nights when Jim had just had another operation, the nurses encouraged me to lie down in the playroom that's converted into a dormitory at night for the mothers who want to be near their child if the child should need them. And we learned so much! We had brought up Jim to be strong and not to cry when he was hurt. Well, that was wrong. We learned how to give Jim permission to cry, that it was all right. We were easier with each other after that. Jim also told me that he prayed out loud sometimes, and that it really helped."

Jim was permitted to spend Christmas, 1972, with his parents in the guest house where Mary Ann lived when she was not in the hospital with Jim, and where Walter visited when he could. Although Mary Ann was incapacitated with a sprained ankle, the Radke family remembers that Christmas as a particularly happy one. Pastor Danny Coker of the Nineteenth Avenue Baptist Church and five lady members of the church visited them that afternoon. They had brought with them a complete turkey dinner, which they warmed and served to the Radke family. They also played for them the recording of the Christmas cantata they had taped during the morning service.

Mary Ann had found solace and friendship at the church in those first anxious months of Jim's hospitalization. Learning that Walter was out of work and funds for immediate necessities were low, the members took up a collection of $90 for Mary Ann.

Meanwhile, back in Montague, the children of Jim's elementary school held a talent show as a benefit for him. The townspeople turned out in droves, and a check for $350 for the Radkes was the result. Mrs.

Sommer advanced Mary Ann the price of a round-trip bus ticket so that she could attend the performance.

"That performance will remain one of the most beautiful and unforgettable memories of our lives," says Mary Ann.

"Several of our home town churches took up special collections, and we received many cards, letters, and monetary gifts from friends and even anonymous individuals. If we lived to be a hundred we could never repay the goodness of people."

Walter Radke was out of work for nine months. Initially, Jim's medical expenses were covered by Walter's insurance with his former employer. "We were happy to be able to pay our own way," said Mary Ann. But as time went on and the treatment became extended indefinitely, the insurance ran out. Then Mrs. Sommer obtained coverage for Jim from the Crippled Children's Service.

Jim has always been a "doer" who likes to work with his hands, says his mother. He enjoyed drawing and making model cars and airplanes. Now he had to learn to write and draw with his left hand. Not surprisingly, he became known in Occupational Therapy during his hospital stays. Under the direction of therapist Betty Soules, he made such things as Indian leather moccasins and a copper-tooled picture of a horse's head. "He managed, independently, to mount the metal to the picture frame, using tiny copper pins," said Miss Soules. "Jim is determined and dexterous, he uses his left hand, his teeth, and his feet."

Jim's frequent stays on the Pediatrics Ward are looked forward to by secretaries Kathy Cooper and Ruth Moore, who appreciate his sense of humor, and by the nursing staff. "He has such a cheerful, outgoing nature that the other children take to him, especially the younger children," said Head Nurse Barbara Hatch. "He takes them under his wing and looks after them. One little boy was so crazy about him he would sit or sleep on Jim's bed all day long."

On January 11, the day he was discharged to return home, Jim was playing pool on the tenth floor solarium. When he could not get enough traction on the cue stick with his cast-bound arm, he simply propped his foot on the table and gripped the stick with his toes.

"He does everything for himself at home except tie his tennis shoes, he can't manage those skinny laces," his mother remarked.

Jim is 14 now. He told his mother he would prefer to be called James from now on—that is what the doctors and nurses call him.

Dr. Morris says that further treatment will be required in the future to restore Jim's arm to "as fully functional an arm as possible."

"He's going to have a full and complete life," said Mary Ann. "Nothing's going to stop him." No one who knows Jim and his parents would doubt it.

Joan Spiegelhalter

Book Notes

Paul Ekman, Ph.D., Professor of Medical Psychology in the Department of Psychiatry, has recently had his book published, *Darwin and Facial Expression: A Century of Research in Review* (Academic Press, Inc., Harcourt Brace Jovanovich, N.Y.) 1973. Dr. Ekman is editor and one of five contributors. Dr. Suzanne Chevalier-Skolnikoff, a member of Dr. Ekman's staff, is also a contributor.

Early Diagnosis of Leukemia

At UCSF, a new method of culturing human bone marrow cells makes it possible to study the manner in which leukemic cells develop and multiply. The test was developed by Dr. David W. Golde, Assistant Professor of Medicine and Dr. Martin J. Cline, Professor of Medicine and former Associate Director of the Cancer Research Institute.

Leukemia . . . cancer of the blood . . . is a disease of unknown cause characterized by the production of abnormal white blood cells in the bone marrow and the presence of immature white cells in the blood.

The test, which uses a new method of growing human bone marrow cells in a liquid medium contained in a test tube, permits cells to live for several weeks. Formerly, they lived only for a few days. Data from the UCSF researchers' studies provides evidence that acute leukemia is a primary disturbance of the ability of white blood cells to mature.

Drs. Golde and Cline studied the white blood cells from bits of bone marrow obtained from four different groups of subjects: (1) from normal volunteers, (2) from patients known to have acute or chronic leukemia, (3) from patients with non-neoplastic anemia known *not* to have leukemia, and (4) from patients with preleukemia—suspected of having leukemia but whose illness could not be confirmed by conventional methods.

The white blood cells of the five preleukemic patients quickly assumed the characteristics of those found in persons known to have leukemia, and all patients later developed classical leukemia within four to 24 months.

The study demonstrated that leukemic white cells show a greatly retarded ability to mature—each cell simply stops developing before it is of any use to the body. Then, instead of dying and being replaced by new, healthy cells, the immature cells continue to multiply and, if not checked, to overwhelm the body.

In normal persons studied, less than 15 percent of their white blood cells studied in culture were immature after one week, but in those suspected of having leukemia—and who did later develop the disease—more than half their cultured cells were immature after one week.

The diagnosis of childhood leukemia, unfortunately, will not be aided by the new technique; it is more common than adult leukemia and is considered to be a different disease.

Dr. Golde stresses that "the new method of diagnosing leukemia earlier than heretofore does *not* mean we have found a way to cure leukemia. It does mean, however, that we may be able to diagnose the disease months, or even years sooner than would have been possible until now."

The researchers hope that further study and planned experiments on cultured leukemic cells, now made possible by the new technique, will enable them to find a way to make leukemic cells revert to normal. Dr. Golde concludes cautiously: "Identification of the preleukemic state in man opens the possibility—not necessarily, but possibly in the future—of more effective treatment, or even cure, of leukemia."

Drs. Golde and Cline credit much of their success in developing the liquid medium culture technique to the excellent technical assistance of laboratory technician, Lisken Byers. The research was supported by grants from the American Cancer Society, the U.S. Public Health Service, and cancer research funds of UCSF.

Joan Spiegelhalter

At the Museums

The California Palace of the Legion of Honor salutes the centennial of Impressionism with an exhibit of ten paintings by Claude Monet. The paintings are from West Coast collections, public and private. The exhibition will remain on view through March 17 and admission is free.

Report !

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Communities

Low Vision Clinic

A growing number of people are able to see the world about them more clearly because of the unique services at the Bay Area Low Vision Clinic located on Haight Street. For some people it means they can work again; others are able to continue with school; and for almost all patients it means more personal independence.

"Low Vision" is a term that has recently been introduced to include people who may not be considered to be "legally" or "economically" blind, but whose ability to function is limited because of visual impairment.

The degree of impairment ranges from 20-20 vision downward. Those whose sightedness falls within the category of "low vision" are treated Monday through Friday at the clinic.

The Low Vision Clinic staff diagnoses and prescribes very specialized optical lenses. An additional clinic service, however, is a vital element of successful treatment . . . *follow-up* until the patient has learned to function with the new visual aid.

At first the patient may forget how to use the visual aid. Some people resist using it. There are old habits to overcome and new ones to develop that will help the individual to get around better.

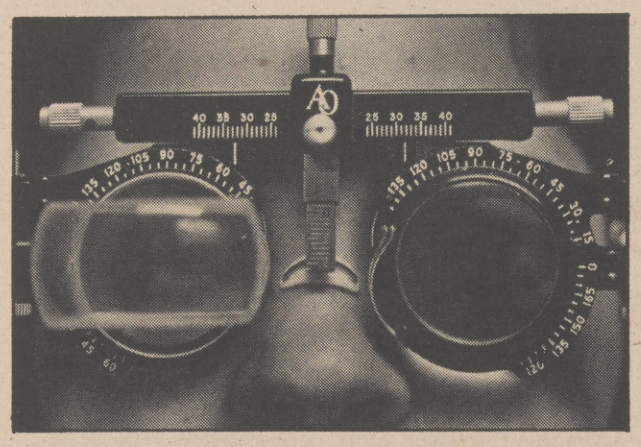
A young UCSF medical student, Melton Delaney, became aware of the problem of low vision while completing his work for a degree in Optometry at UC Berkeley. Encouraged by faculty members in the UCSF Department of Ophthalmology and with generous assistance from the John Hale Medical Society, Dr. Delaney started the clinic about one year ago.

An Executive Board composed of volunteers joined with Dr. Delaney to put the Clinic into operation. Administrative skills are provided by Mr. Francis Chan, a San Francisco architect. Mrs. Ardith Nichols, employed at the State Department of Human Resources, contributes organizational know-how. Mrs. Dorcus Burton watches over fiscal matters, and Mr. Osrow Childs, an attorney, handles legal matters. Diagnosis and treatment are under the direction of Dr. Delaney in conjunction with a low vision therapist, Rachel Jones.

Referrals are made to the Clinic by several agencies and hospitals in San Francisco but many patients come to the Clinic because they have heard about the good results from other patients.

"How much people see, how the partially sighted compensate, and the degree of handicap must all be considered in the total treatment," explained Dr. Delaney as he opened a glass case with boxes of lenses and several testing devices that looked very complicated. "Special lenses may enable a dentist or a surgeon to operate with better visual detail, or a student to be able to see a blackboard at school; or complicated lenses may allow a person to drive an automobile who could never qualify, otherwise. Sometimes this aid may mean the difference between a person who is self-supporting or one who must depend on welfare.

"In general," Dr. Delaney continued, "helping people to have better sight means helping them to be a productive individual, one who is not dependent upon others or whose activities are restricted."



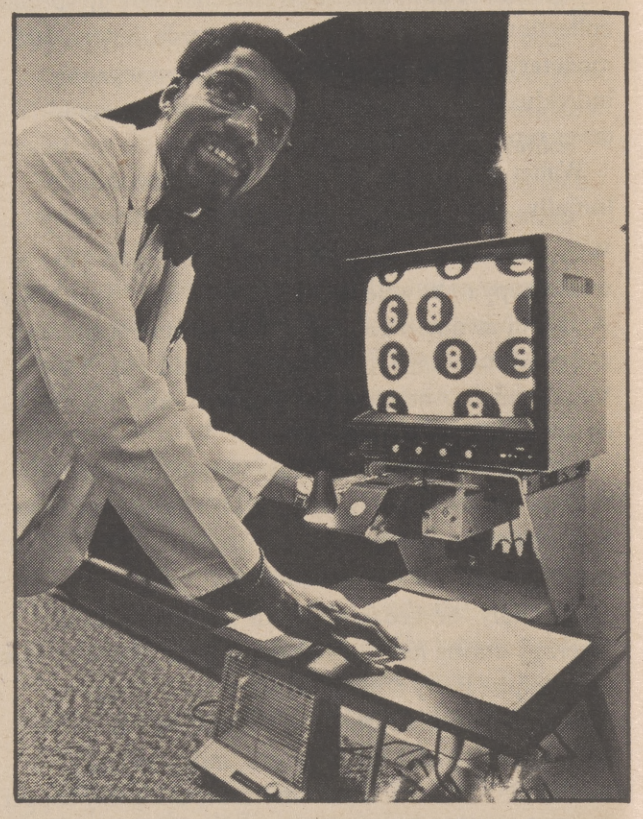
Tom Walters

One of the devices used to fit patients with unusual optical lenses to compensate for severe sight handicaps.

Dr. Delaney demonstrated with considerable pride a new machine which the Low Vision Clinic has been able to obtain for the Main Library in San Francisco. It has the appearance of a modest television set, but it does not work on any broadcast channel. Instead, a partially sighted person may place a letter or a document or a book or photograph in a small tray beneath the machine. By turning a dial the object appears on the screen and the image may be enlarged to the magnification that meets the individual's sight need.

"The potential for teaching handicapped children with this machine is enormous," remarked Dr. Delaney as he demonstrated how the image can be enlarged or decreased so that detail from a total field of vision can be brought into focus. We have had a hard time convincing people of its practical value, but once it is used, the extent of help and pleasure that it provides is clear."

"Our philosophy of treatment," concluded Dr. Delaney "is not to help people just to *see* better but to *function* better. We try to match a person's need with whatever technology is available."



Dr. Melton Delaney demonstrates a new kind of aid for the visually handicapped. The Low Vision Clinic which he directs, made one of the above machines available to the Main Library in San Francisco. Personal letters, family photographs, legal papers, and all kinds of reading material can be enlarged by the television-like machine to meet the visual needs of those with impaired sight.

Parnassus Avenue Plan

"Parnassus Avenue can be a more useful and attractive street in the community," said Robert La Pointe, Community Affairs Officer at UCSF, as he looked over architectural drawings of what can be done to improve its present condition.

"As the street is now," he noted, "traffic is congested; cars and buses are competing against pedestrians and . . . its appearance isn't attractive, either."

The proposal to beautify Parnassus between Hillway and Fourth Avenue was unanimously approved on October 12, 1973 by the Campus Planning Committee, which includes community representatives from neighborhood groups adjoining the UCSF campus. The projected plans include development of several protected areas for passengers using Muni and commuter buses. It will be easier for the buses to stop so that passengers can get off and on at the hospitals and clinics. Sidewalk areas will be redesigned, trees and shrubs planted, and better lighting at night will be provided.

A major element in redesigning Parnassus is the area at the corner of Third Avenue. A building was recently razed at the spot and a mini park is the first step to improve the corner. Later, as funds permit, a child-care center will be added. Another mini park is to be created at the corner of Hillway and Parnassus, where there is now a small building.

Planning sessions have been held by UCSF with the Department of Public Works, the San Francisco Department of City Planning, the Bureau of Traffic

Engineering, and representatives of neighborhood groups; as well as with the Muni Railway and the police and fire departments.

The Parnassus Avenue Development Project will improve the traffic situation now existing on this street which cuts through the UCSF campus.

At present, traffic congestion is a problem at all hours of the day. Plans to redesign the street indicate narrower traffic lanes, with provision for an emergency by-pass lane.

"Uncontrolled flow of traffic," said La Pointe, "typical of an urban street, is a significant hazard to patients who must cross Parnassus Avenue and to students and staff. Restricting vehicular traffic to two narrow lanes controlled by two stop lights, and establishing three pull-out points with 15-minute parking zones for arriving and departing passengers, will result in controlled speeds and safety conditions will be improved for everyone."

La Pointe also noted that only 18 parking spaces of the original total of 48 in the area would be eliminated under this plan.

Improving both the traffic situation and landscaping will overcome the "canyon effect" of Parnassus, which has become a bleak and congested city street between two rows of buildings ranged on either side of it. Brick sidewalks and attractive plantings will add interesting configurations and textures to sidewalks and the mini parks.

Activities to redevelop Parnassus will not begin until the 1975-76 fiscal year, which is the time period specified in the request for University Capital improvement funds for the project.

Landscape architects Royston, Hanamoto, Beck, and Abey, of San Francisco, executed the projected design for Parnassus Avenue.

Rotary Scholarships

The Rotary Club of San Francisco invites young men and women interested in studying abroad to apply for Rotary International Foundation educational awards.

Four types of educational awards are offered: Graduate fellowships for those who have received a bachelor's degree or equivalent and are between the ages of 20 and 28; Undergraduate Scholarships for those with a minimum of two years of university level work and are between the ages of 18 to 24; awards to teachers of the handicapped; and awards to those who have been engaged as full-time teachers of the mentally, physically, or educationally handicapped for at least two years at the time of application and who are between the ages of 25 and 50.

Each award includes round-trip transportation, educational and living expenses for one academic year, and funds for intensive language training, if necessary. Priority will be given applicants who elect to study in countries with native language other than English.

In 1947, the Foundation started its program of sending young adults abroad to study. Since that time, the Foundation has awarded more than $17.5 million for its various programs and more than 6,000 young men and women have gone to countries other than their own for a year of study.

For further information about these awards, write: Rotary Club of San Francisco, 364 Sheraton-Palace Hotel, San Francisco, CA 94119.

Deadline for applications is March 15, 1974.

Snow Fun and Hikes

Outdoors Unlimited, an experiment in cooperative recreation, has a spring schedule of events for members of the UCSF campus and the neighborhood community. Their goal is to provide low-cost outdoor recreation; instruction in various skilled activities; a place and setting where people of similar interests can come together; to make available technical resource material; and to stimulate environmental awareness and education.

Outdoors Unlimited is designed to be a full service organization, including: publicized trips, retail store for equipment purchase, information center, library, and equipment rental center. An information "hot line," 666-1429, has been established to answer questions or make referrals.

Winter Sports

Outdoors Unlimited rents a lodge at North Lake Tahoe. It is located within ten minutes of Squaw Valley and Alpine Meadows for downhill skiing and ice skating; fifteen minutes from Mt. Rose and the top of the Sierra for cross-country skiing and snowshoeing. Room and board (2 breakfasts and 1 dinner) for a weekend costs $15.00 for UCSF students and Millberry Union members and $20.00 for community and non-Millberry Union participants. Trips leave Friday night and return Sunday night. There are plenty of beds but you must supply your own sleeping bag or bedding. Each trip is limited to 12 participants and transportation is by car pool. Scheduled trips are Feb. 23-24, March 9-10, and April 6-7.

Spring on the Snow

March 23-29. Seven days and nights of food and shelter and the above lodge for $50 for UCSF students and Millberry Union members; $65 for non-Millberry Union members and community participants.

Downhill Skiing

February 23. An expert skiier will lead this trip and give 3 hours of free lessons to anyone in need.

Cross-Country Skiing

February 23. Six-mile trip on top of the world. Paul Sumner will lead a tour in the Mt. Rose area. Time allowed for "winter-nature" photography.

Snowshoeing

February 23-27. Six to ten miles round trips, depending on snow and weather conditions. Beginners welcome.

March 9-10. Day tours around Incline ski area.

Canoeing

March 9. Canoe or kayak on beautiful American River.

Day Hike

March 10. Point Reyes. A pleasant hike through the woods to the seashore.

March 31. Salt Point. Explore coves and inlets, natural bridges and caves, tide pools, underwater paths, rocky bluffs, small forests and beaches. Bring cameras, sweaters, rain gear, lunches, and $1.50 for entrance fee.

There are other programs planned, including classes offered by UC Davis to train raft leaders. Three raft trips are planned for the class. For detailed information on Outdoors Unlimited activities call 666-1429 or Extension 1115.

–YOU ARE INVITED TO ATTEND–

Three public meetings will be held by the University of California, San Francisco campus to discuss its plans for the School of Dentistry Building Program.

Preparation of the Environmental Impact Report (EIR) for the School of Dentistry building is in the preliminary phase of preparation. The University of California, San Francisco invites members of the campus community and the neighborhood to help identify special concerns about the project's impact on the environment.

These three meetings will be held by the University to provide the opportunity for all interested persons to contribute information, opinions, and suggestions which will be helpful in drafting the Environmental Impact Report. The Report will be considered at a public hearing to be scheduled by the University during the week of June 24, 1974. The campus has scheduled the following public meetings.

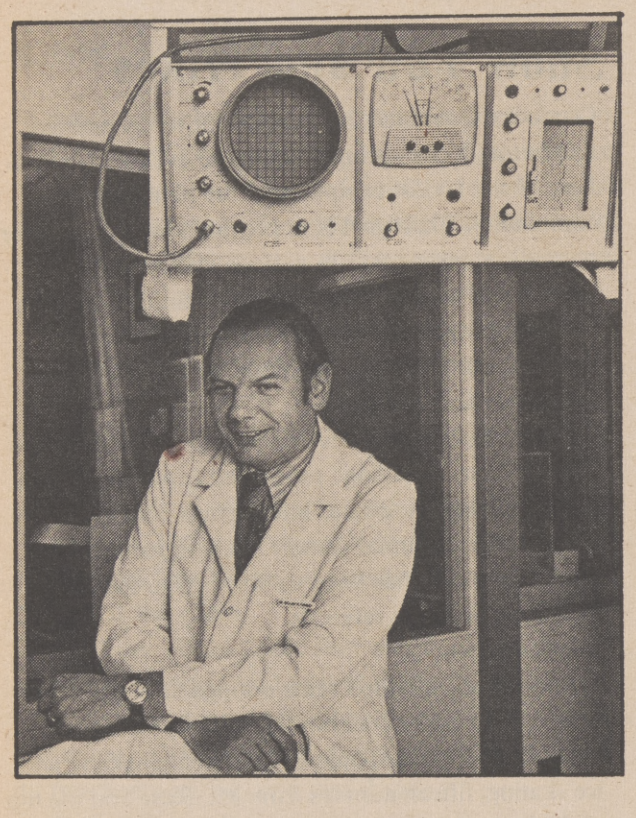
Wednesday, March 6, 1974- Laguna Honda Elementary School, 1350-7th Avenue, 7:30 p.m.

Wednesday, March 6, 1974—UCSF Campus, Parnassus Avenue, Medical Sciences Building, Cole Hall Auditorium, Noon.

Thursday, March 7, 1974—Grattan Elementary School, 165 Grattan, 7:30 p.m.

If you have any questions, please call the Community Affairs Office at 666-1131.

On Campus



Dr. William Parmley answered questions about the new monitoring system he plans for the Coronary Care Unit. Electronic monitors, similar to the one above his head will computerize information continually to give more detailed information about the patient's condition and reaction to drugs.

New Cardiology Chief

William W. Parmley, M.D. has been named Chief of Cardiology at the UCSF Medical Center. He succeeds Dr. Maurice Sokolow, Professor of Medicine, who is currently on sabbatical leave and who will devote his time to teaching and research on his return to UCSF.

Dr. Parmley comes to San Francisco from Cedars-Sinai Medical Center in Los Angeles, where he was Associate Director of the Department of Cardiology and a member of the UCLA School of Medicine faculty. His academic service also includes teaching at Harvard Medical School and Peter Bent Brigham Hospital.

Referring to his future plans for the UCSF cardiology unit, Dr. Parmley states: "We will be concentrating on earlier diagnosis and appropriate treatment. For example, monitoring of patients will include the use of catheters to measure pressure within the blood system and the heart."

Explaining the benefit to patients of a computer system to be installed, Dr. Parmley described how the computer will allow both the pumping performance of the heart and the electrocardiogram to be monitored instantaneously. This immediate information will allow physicians to measure the effects of any drugs on the heart and circulation.

"We want to provide the best care for each individual," said Dr. Parmley.

A native of Salt Lake City, Dr. Parmley was graduated Summa Cum Laude from Harvard in 1957 and received his medical degree in 1963 from Johns Hopkins University School of Medicine. He also served his internship and residency, there, in medicine.

Gifts and Endowments Coordinator

Sue Clark, former Administrative Assistant with Bechtel Power Corporation's Technical Publications Department, has been appointed Program Coordinator, Gifts and Endowments at UCSF.

As the new Program Coordinator, Ms. Clark is responsible for special areas of University Relations—Public Programs, including matters relating to public relations, public information, campus-community communications, legislative information and alumni relations. She has full responsibility for the Gifts and Endowments Office and administrative responsibility for several other units.

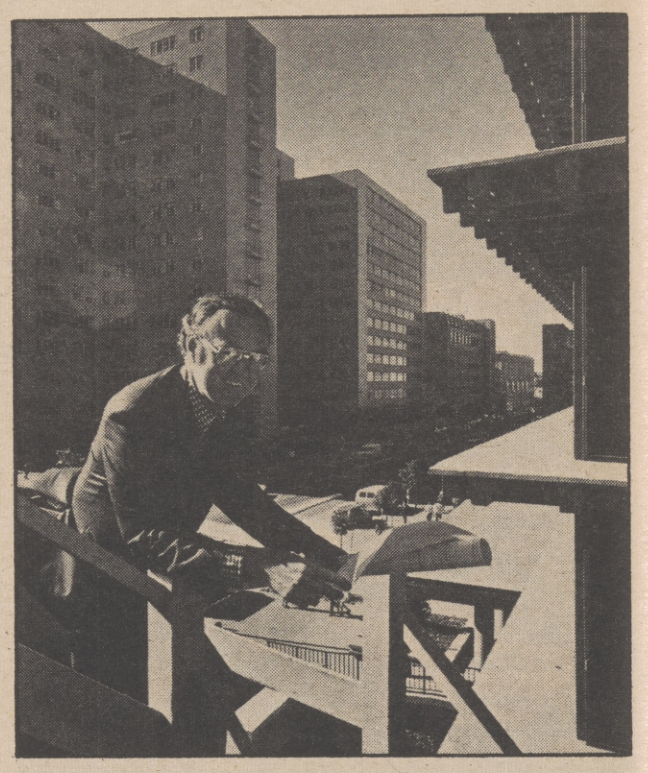
In the area of Gifts and Endowments, Sue said, "I am looking forward to adding a Funding Research Assistant to my staff, within the month, who will be able to offer foundation information and analysis as a regular service." Sue feels this is vital for the campus in its future funding needs.

Prior to Bechtel, Ms. Clark worked at Sunny Hills, a residential treatment center for emotionally disturbed adolescents in San Anselmo. As Coordinator of Volunteer Services there, she worked with over 1,000 fund-raising volunteers, handled public relations and directed an in-service volunteer group who worked directly with the teenagers. She was Continuity Director for KTIM in Marin County as well as several TV stations in Washington State, previous to that. Ms. Clark has also done free-lance public relations work in Marin County, and has written feature articles and poetry for newspaper publication.

A native of Vancouver, Washington, she attended Stephens College in Missouri, Northwestern, and the University of Washington, where she received her BA Degree in Speech, with emphasis on radio and television writing.

Sue Clark, Program Coordinator of Gifts and Endowments at UCSF is responsible for several additional areas relating to University-community relations.

photos by Tom Walters



Joel Hemsley believes that the designers of buildings and those who build and maintain them should have the opportunity to share their knowledge and experience.

Joel Hemsley Heads New Department

Joel R. Hemsley has been appointed Assistant Vice-Chancellor, Department of Facilities Management, at UCSF. This department combines the former departments of Architects and Engineers and Physical Plants. Before his recent appointment, Mr. Hemsley was Principal Engineer in the University-wide office of the Vice-President for Planning, located in Berkeley.

An important element of Mr. Hemsley's future plans for the new department is coordination of all activities and services that relate to physical planning, construction, and maintenance of buildings and the campus grounds at UCSF.

"I want to break down the artificial organization barrier that existed between the Architects and Engineers and the Physical Plants staffs," he said, "and get people together who should work and talk together. Architects should be able to hear from and listen to the experienced men who work on the buildings . . . and vice versa."

"I would also like to eliminate any duplication of effort that occurs because of this separation," he continued. "All technical expertise ought to be available in one place. After all, we're all here to work for the University."

Among the top priorities on Mr. Hemsley's list is development of a four-unit operation . . . maintenance and operation of plants, projects management unit (the central hub to coordinate all requests for alterations and new work), planning and engineering section, and an administrative service unit.

A native of New Jersey, Mr. Hemsley received his Bachelor of Science degree in mechanical engineering from the Stevens Institute of Technology, there. Upon graduation he was recruited by Standard Oil of California where he worked four years. He then joined the staff of the Architects and Engineers office on the Berkeley campus of the University of California, where he was a Project Engineer for seven years before becoming a member of the University-wide staff.

Friends of Langley Porter

A gift from the Friends of Langley Porter in the form of a check for $325 means new toys for the children hospitalized at Langley Porter Neuropsychiatric Institute.

New toys spell pleasure for all children, but for those who live in the Children's Ward they mean even more: play actually constitutes a vitally important part of the total therapy they receive from nurses, teachers and psychiatrists. The toys are age-graded, since the children range from as young as two up to the early teens.

Mrs. Robert S. Denebeim, President of the service-oriented organization which was formed just a year ago, presented the check on January 2 to Jane Paynter, Head Nurse of the Children's Ward at LPNI. In expressing her gratitude, Miss Paynter said that "Toys are stimulating, therapeutic tools for our children and constitute a significant part of their daily lives. Toys are also a great comfort to them. But toys do wear out, and there are not always funds available for their replacement."

Mrs. Denebeim says that the check for new toys represents one of the purposes of the Friends, which is to benefit patients at LPNI by supplementing grants or supplying needs where money is in short supply. Another purpose is to act as a support group to enhance a "caring attitude" toward patients and staff. Last year the Friends hosted a party for graduating residents and a buffet supper for the first-year residents. Finally, one of the most important purposes is an active involvement with the community to help create better understanding of the needs of people with emotional and mental disturbances.

"The Friends of Langley Porter acts as a personal forum for those with questions and with answers to exchange ideas, plan, and act on mental health needs," Mrs. Denebeim continues. "Its educational services will include speakers, films and printed materials."

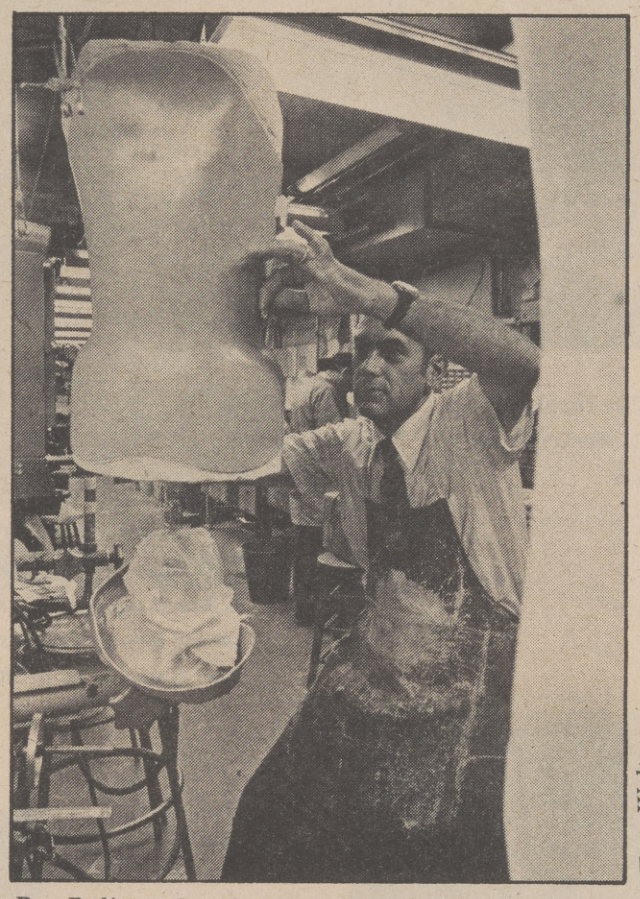
Mrs. Denebeim points out that LPNI has been reaching out to meet the changing mental health needs of the community for over 30 years and offers a complete range of direct mental health services to the 200,000 people living in the western districts of San Francisco. "The Friends hope to serve as liaison to interpret LPNI to the community," Mrs. Denebeim concluded.

The other executive officers are Harold Furst, Vice-President, who was instrumental in raising the funds for the Children's Ward; Mrs. Joseph V. Costello, Jr., Secretary; and Donald D. Doyle, Treasurer.

Among community board members are Dr. Lawrence B. Lurie and the Honorable Judge Joseph G. Kennedy.

All contributions and memberships in Friends of Langley Porter are welcomed. For further information, please telephone Helene Harrington at 681-8080, extension 123.

Joan Spiegelhalter



Tom Walters

Ray Rolfes, a Certified Orthotist, finishes sculpturing a plastic body brace as he explains the technique of fitting orthopedic and surgical appliances.

The Brace-maker

Ray Rolfes has one of the more unusual jobs at UCSF. He is a Certified Orthotist, who designs, makes and fits a variety of braces and splints to help support any part of the body that has been injured or paralyzed.

A native of Germany and trained as an electrician, Rolfes came to the U.S. in 1953 and almost immediately began training at Children's Hospital in San Francisco in making orthopedic and surgical appliances. He came to UCSF in 1972, following a long career as chief orthotist for the C. H. Hittenberger Company.

"This work never becomes routine," says Rolfes, "and I like the challenge of solving a difficult problem." An example: a patient required a body cast that would immobilize his head, neck and back while recovering from two spinal fusion operations. Rolfes designed and fitted the patient with a plastic body jacket that covered him from his waist to the top of his head, leaving only the face area open. The initial plaster cast molding had to be applied with the patient lying in bed, immobilized by weights, and this took some doing. Once the plastic jacket was fitted, the patient could leave the hospital and live an almost normal life while healing.

According to Rolfes, the development of plastics had made possible vast improvements over old-time braces. For instance, in the past, leg braces required heavy metal supports and had to be attached permanently to the patient's shoes. Today, however, a light-weight plastic support fits around the back and sides of the leg and under the foot like a second skin. This simple, more esthetic brace can be concealed by stockings and inserted into any pair of shoes.

Pharmacy Alumni Aid for Students

The University of California Pharmacy Alumni Association and the Class of 1954 are sponsoring a continuing education program at the annual meeting to be held in May. Proceeds (after expenses) from the week-long program of seminars will be used to establish a scholarship fund for UCSF pharmacy students.

Figures from the Student Affairs Office of the School of Pharmacy indicate that over the past two years approximately 65 percent of the student body is receiving financial aid in the form of scholarships, loans, grants, or any combination of the three. Further, it is not unusual for a student to graduate with an indebtedness of over $10,000.

Tuition and fees for pharmacy students at UCSF are now $725 per year. A minimum of $1800 is calculated for 9 months living expenses. Books and other supplies can cost $500 per year.

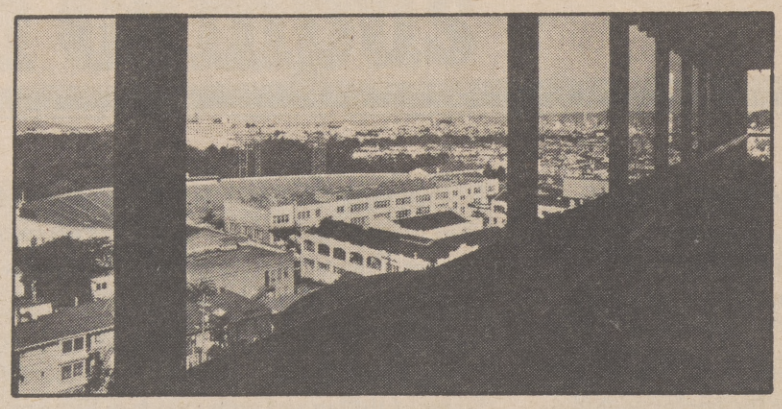
The Alumni Association recognizes the need to assist students to finance the rising cost of education. Because the future of federal assistance is unclear, the Association's Board of Governors decided to initiate an assistance program for students.

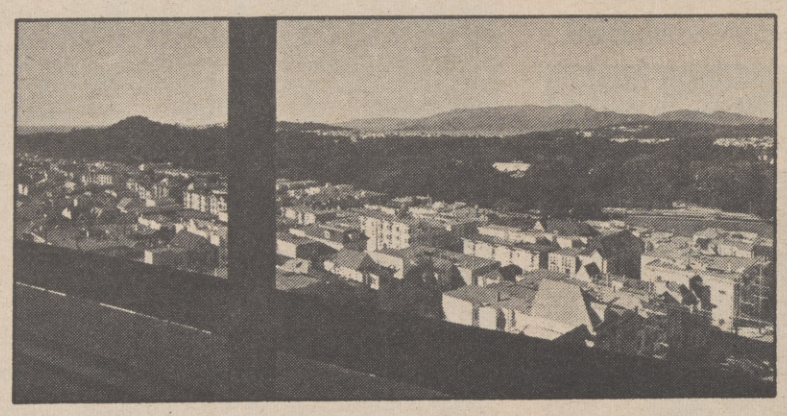
The Alumni meeting in Hawaii will feature a 15-hour continuing education conference. Tuition is $100 per person and checks should be made payable to the UC Pharmacy Alumni Association and mailed to the Guy S. Millberry Union, Third Avenue and Parnassus, San Francisco, CA 94143.

Among the topics tentatively scheduled for seminars are: Diseases, Drugs, and Care of the Patient; the Role of the Pharmacist in Environmental Health; Contact Lens and the Eye; Consultation to Nursing Homes and to Community Hospitals; Third Party Programs and PSRO; Business Law for Pharmacists; and Quality Drugs . . . Generics and Bioavailability, the Government's Role, the Consumer's Concerns, Drug Product Selection.

Alumni members will depart from San Francisco and Los Angeles on May 5 and return May 12.

For travel reservations, make checks payable to Unitours, Inc. and mail to P.O. Box 1396, Sausalito, CA 94965. A deposit of $50 per person is required. Total tour cost is $379 per person (plus the tuition fee).





Ocean, trees, Sutro Forest, the City skyline, Golden Gate Park, the hills of Marin and Berkeley are all visible from the appointment areas.

Inside, corridors are spacious and light, with views from all sides of the building. Outside, large terraces are incorporated into the open space between the new structure and Millberry Union. A self-service Post Office is housed in the red, white, and blue kiosk on the terrace below sidewalk level, where there are also spots for all to sit and enjoy the view.

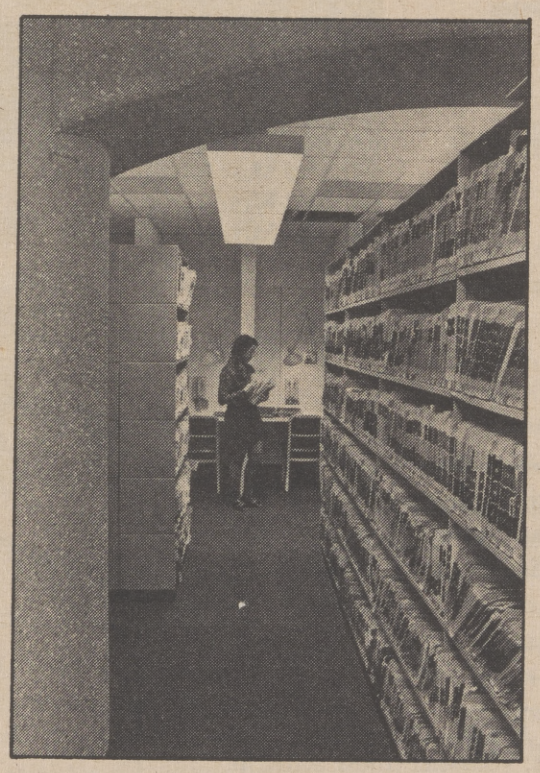
Photos by Tom Walters

AMBULATORY CARE CENTER

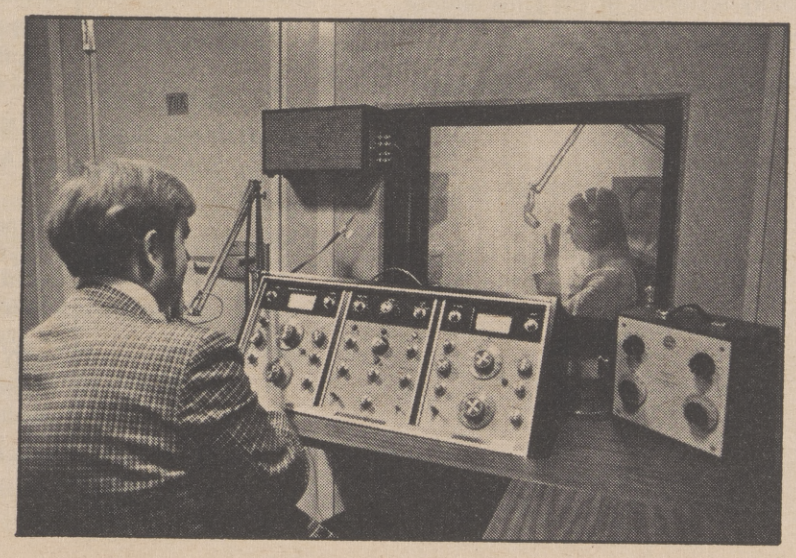
From the cramped, overcrowded halls and cubicles of the old "Clinics Building," outpatient services at UCSF have moved into the new Ambulatory Care Center across the street, on Parnassus. Designed to allow growth of the total-patient-care concept, the new structure also provides more comfortable accommodations for the thousands of people who are scheduled throughout the year for health care.

Both the patients and those who work in the new building enjoy the bright colors, spaciousness, and the everchanging Bay Area panorama which patients may watch while waiting for appointments.

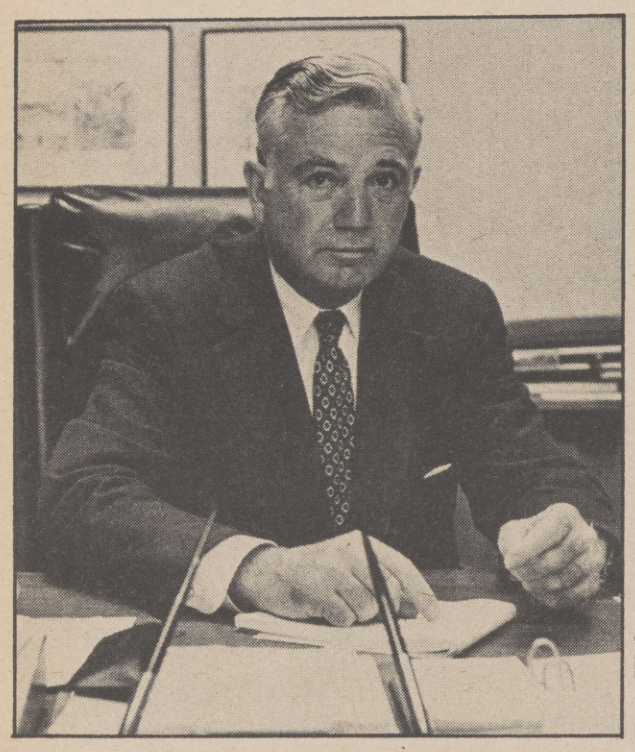
Radiology is equipped with completely automated film processing which eliminates the delay and mess of dark room procedures.



One example of improved technical facilities is the Audiology and Speech Clinic. Testing rooms float on a separate floor to eliminate sound and vibrations so that the highly sensitive testing equipment is not subject to interference.



Memo



Tom Walters

After many years of planning and construction we are proud to open the new structure which houses the University of California clinics. The dedication ceremony for the new Ambulatory Care Center will take place on March 15, 1974.

I wish to personally extend an invitation to all to attend the dedication and weekend program. Tours will be conducted for all those interested in previewing the new services available at the Ambulatory Care Center.

The program will begin at 10:00 a.m. on Friday, March 15th with the dedication speech delivered by the Honorable Casper W. Weinberger, Secretary of Health, Education and Welfare. The speech will be followed by the ribbon cutting ceremony, unveiling of the portrait of Dr. William E. Carter (first Director of the University of California Clinics), guided tours, displays and exhibits, a scientific program for physicians, and refreshments. On Saturday and Sunday "Open House" will continue with tours, exhibits and refreshments.

These new facilities and improved services are part of a continuing program at UCSF to provide the best possible care for the people of Northern California. We are looking forward to an enjoyable and informative weekend. I hope as many of you as possible, especially residents of the surrounding community will be able to join us.

Francis A. Sooy, M.D., Chancellor

Auxiliary

To Our Friends, Thank You

Your gifts to the Hospitals Auxiliary are acknowledged here. They are warmly appreciated in whatever category they were made. (Gifts listed include those received July, 1973 through January, 1974.)

Unrestricted Gift Fund

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Mrs. Thurmond Clarke

In Memory of

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Mrs. Charlotte Grant
Mrs. Allan Sproul

Meditation Room Fund

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In Honor of

Dr. Arnold Goldschlager and Dr. H. Brewster

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Auxiliary Membership Application

Fill this out and mail to: UC Hospitals Auxiliary, Moffitt Hospital, UC San Francisco, San Francisco 94143.

NAME_____

ADDRESS_____

Type of membership: Active—$10 per year; Alumni—$10 per year; Volunteer (those active in volunteer service in UC Hospitals)—$2 per year; Student—open to all students and their spouses— $2 a year; Contributing—$25 per year; Sustaining—$50 a year; Patron—$100 a year; Sponsor—$150 or more per year; Life—$500. *Membership is tax deductible.*

UNIVERSITY OF CALIFORNIA HOSPITALS AUXILIARY
MEMBERS 1973-74

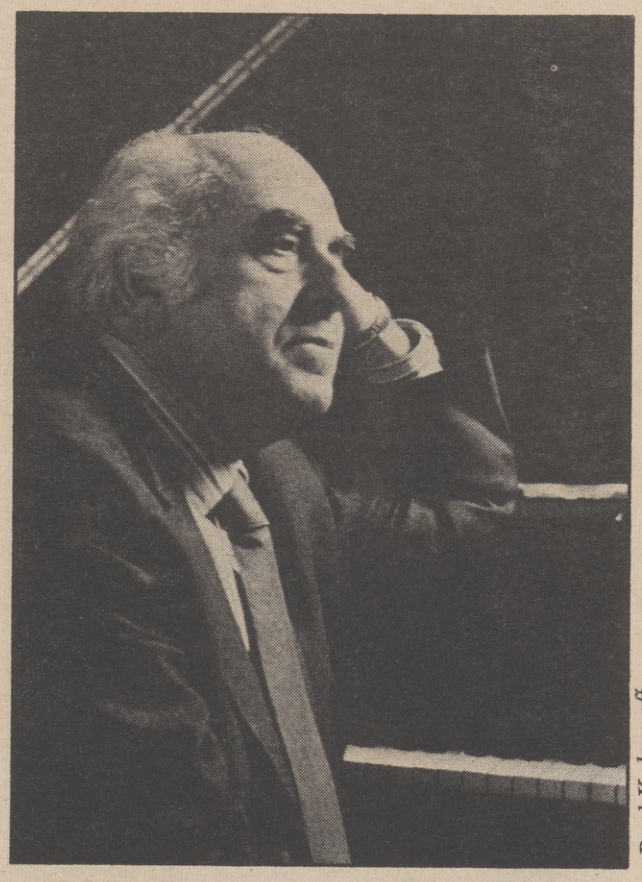
The Auxiliary welcomes the following new members who joined between August 1, 1973 and January 31, 1974.

David S. Berman
Bruce G. Bixler
Mr. and Mrs. Bernard M. Bour
Dr. Carroll M. Brodsky
Dr. John V. Carbone
Dr. Granville C. Coggs
Dr. and Mrs. Russell D. Coleman
Robert K. Cunningham
Dr. John H. Epstein
Dr. and Mrs. Sidney M. Gospe
Dr. Harold A. Harper
Dr. and Mrs. Richard J. Havel
Dr. Selna Kaplan
Dr. and Mrs. A. N. Lewis
Mrs. Richard M. MacFarlane
Dr. Donald Macrae
Dr. Richard C. Maurer
Ms. Scottie McKinney
Dr. John Q. Owsley, Jr.
Dr. and Mrs. David C. Price
Dr. Steven E. Ross
Ms. Gwendolyn Safier
Dr. Howard A. Shapiro
Mr. Hiroshi Shibata
Dr. and Mrs. Donald R. Smith
Dr. and Mrs. George C. Stone
Dr. William T. Tooley
Dr. Peter C. Veris
May E. Wheeler and Son

Tom Walters

The UC Hospitals Auxiliary recently presented Barbara McCormick (above) with the "Susie Award" for her highly successful art exhibits. Sales from the exhibits have helped swell the Auxiliary's funds. The art exhibits were originated by Betty Sooy, also honored with a "Susie." Coordinator of Volunteers, Betty Cunningham was given a Susie Award for her help and cooperation with the Auxiliary in their activities.

The annual awards were originally initiated as a tribute to Sue Carlisle, a former Coordinator of Volunteers.



Paul Kolsanoff

An accomplished pianist and violinist, Dr. Ephraim Engleman is also a national authority on arthritis. He is Clinical Professor of Medicine at UCSF and on the night of February 26th will take part in the "Potpourri of Musical Art," sponsored by the U.C. Hospitals Auxiliary. Other UCSF physicians are among those featured on the program for this benefit event.

An Evening of Music

There's a wealth of musical talent among the UCSF faculty, and some of the best of it is being tapped for the U.C. Hospital Auxiliary's first "Musical Evening," Tuesday, February 26, at 8 p.m. at the Forest Hill Garden Club.

Impresario for this "Potpourri of Musical Art" is Dr. E. P. Engleman, president of the Hospitals and Clinics Executive Medical Board, Chief of the Arthritis Clinic, and—last but not least—a former professional musician.

In fact, Dr. Engleman . . . a tall, white haired, professorial figure . . . began his musical career before he entered Medical School. He studied violin and piano when he was very young. As an undergraduate at San Jose State College and Stanford University, he was a member, and eventually the conductor, of the 20 piece theater orchestra that played nightly at the Fox California Theater in San Jose. He also appeared at other Fox theaters, including the one in San Francisco.

"That was in the days of silent films and movie theater stage shows," he recalls. "We played the musical scores which were especially written for each movie, and provided the accompaniment for the stage attractions."

With the demise of silent films, he decided to enter Columbia College of Physicians and Surgeons to earn his M.D.—"quite a metamorphosis"—he describes it. But over the years, Dr. Engleman has continued to play with groups of professional and semi-professional musicians, and has developed a special love of chamber music.

Do physicians and surgeons have greater affinity than members of other professions for music? "Sometimes it seems so," he agrees, "at any rate, it's a tremendous emotional outlet." Dr. Engleman points out that he is the only physician-member of his current chamber music group, the San Andreas Quartet. The others are a lawyer, a school teacher, and an electronics expert.

The first half of the February 26 concert will be a program of classical and light classical music; the second half will feature jazz selections. Taking part in the first half will be Dr. Engleman and the San Andreas Quartet, and the following other musicians: Dr. Felix Kolb, piano; and Dr. and Mrs. Peter Ostwald, violin and piano; Dr. Harvey Edelman, clarinet; and Dr. John Clements accompanying Mrs. Clements, a concert soprano.

The jazz groups include Dr. Roberto Escamilla with a string group; Dr. Gordon M. Tomkins with a woodwind combo; and Dr. John Conte, with another combo. Dr. Engleman will be master of ceremonies.

The Musical Evening, which the Auxiliary hopes may become an annual event, will include a champagne reception and buffet following the program. Mrs. Robert B. Hutchins, Jr., is chairman, assisted by other members of the Auxiliary board of directors.

Says Kay Audy: "We are extremely grateful for Dr. Engleman's efforts in planning the concert and hope as many as possible will join us for an evening that promises to be outstanding and a great deal of fun. Those who can't attend our benefit are urged to send a tax-deductible donation for the Meditation Room fund—a project which we hope to complete in the very near future."

Tickets for the benefit, at $25 per person, are available by calling Mrs. Ralph Audy, Auxiliary president, at 664-4137. A major portion of the proceeds will be used for the Meditation Room the Auxiliary is providing for the use of family members and friends of patients.

Claire Wray

SFGH

Kidney Dialysis for Children

This June, the Pediatrics Dialysis Unit will move from San Francisco General Hospital to the second floor of the new Ambulatory Care Center on the UCSF campus. Expanded services will be made possible in the new location through a $140,000 state subsidy obtained under legislation authored by Assemblyman John Vasconcellos.

The Pediatrics Dialysis Unit, and a similar unit at Children's Hospital of Los Angeles, were pioneers in the care of children with chronic kidney disease and have the most comprehensive experience in the world.

A service of the State-funded Northern California Renal Dialysis Center at SFGH, the Pediatrics Unit opened in June, 1967, less than seven years after the first artificial kidney machines were used to purify the blood of adult patients with kidney failure.

"There was general reluctance to put children on the artificial kidney, as it was assumed that they wouldn't grow, or mature sexually," explains Dr. Donald E. Potter, Assistant Professor of Pediatrics and a Pediatric nephrologist.

In 1966, the first child was put on dialysis at SFGH as a life-saving measure until a transplant donor could be found. A few months later, the Pediatrics Dialysis Unit officially opened. Since then, a total of 45 children from age one year through 16 have been on kidney machines at the center for several hours three times a week.

Parents bring their children to the Center from as far away as Sacramento, and one small patient came from Japan for a period of time to have dialysis.

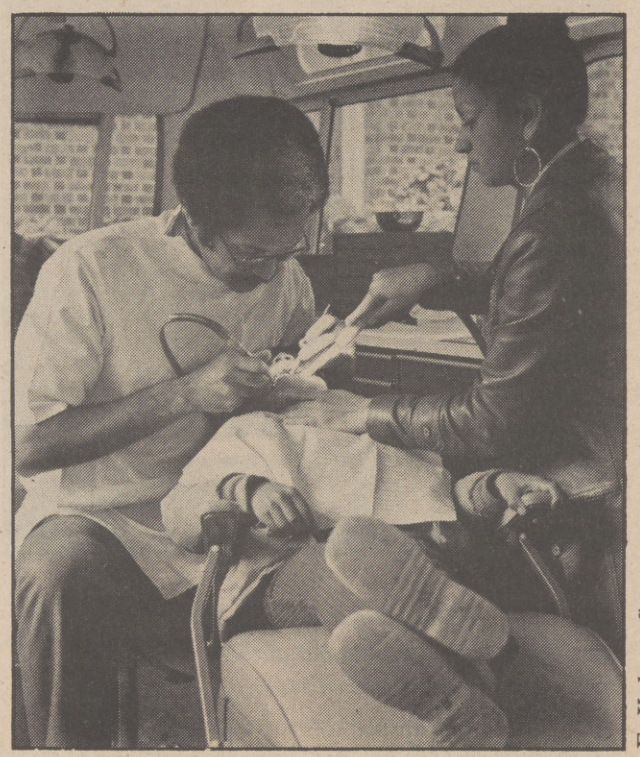
Of the 45 patients, 29 of them have had successful kidney transplants. With government funding—much of it in the form of direct patient aid from Crippled Children's Services, the Center has never had to turn away a child.

From diagnosis through transplantation and after, each child is treated and counseled as a "total" person with emotional as well as physical needs. Most are able to continue in their regular school classes and most of them want—and should have—transplants, according to Dr. Potter. He regards dialysis as a necessary, but interim, measure.

Children on artificial kidney machines are put on highly restricted diets to keep waste products from accumulating in the blood. Since most of them have poor appetites, they don't take in enough calories, and their growth is retarded.

In an effort to solve this problem, Dr. Malcolm Holliday, UCSF Professor of Pediatrics, developed a special high calorie, salt-free diet supplement. This liquid food, which contains 700 calories per glass, has been used by the Center with spectacular success in a number of cases. Dr. Holliday's research has clearly demonstrated that children on dialysis will grow and mature normally if their diets can be supplemented with enough calories.

For example, one five year old girl who has been on dialysis for 20 months and regularly given the diet supplement has grown four inches in the past year.



E. Kolsanoff

William Hoskins, D.D.S., and Sue Vega with a young patient in the UCSF mobile dental unit serving SFGH outpatients.

Mobile Unit at SFGH

General and preventive dentistry is now part of the comprehensive health service offered by the Division of Outpatient and Community Services at SFGH.

The four chair mobile dental unit parked outside the hospital's Outpatient Division is staffed by two full-time dentists, who are also appointed to the faculty of the UCSF School of Dentistry, two dental hygienists, three dental assistants, and a secretary. Charles B. Darke, D.D.S., directs the unit. Between 50 and 60 patients a week are using the service, which operates every week day from 8:30 a.m. to 5:30 p.m.

Patients are primarily children, although adults with serious dental problems also are served. The service is limited, at present, to residents of the two "target neighborhoods" for the SFGH Outpatient Division satellite clinics: the South of Market Health Center, and the proposed Potrero Hill Health Center. Fees are based on ability to pay.

A mini-bus and a station wagon shuttle back and forth carrying patients from the South of Market Health Center and from a regular route through the Potrero Hill area. Many families recently arrived from the Philippines are among the patients at the South of Market Health Center. Those in Potrero Hill include Black, Caucasian, Spanish-speaking, and Samoan families.

For most of the children, the initial visit to the shiny, new mobile unit parked in the middle of the lawn, is a first-time session with the dentist. Wide-eyed with curiosity and apprehension, they are received by a compassionate and patient staff. A complete examination, x-rays, cleaning, dental hygiene and toothbrush instruction is given each new patient.

The South of Market Health Center, which is moving soon to expanded quarters, and the Potrero Hill Health Center, to be constructed this year, are supported under a grant originally from the Office of Economic Opportunity, and which has now been transferred to the Department of Health, Education and Welfare. Both centers, which are an integral part of SFGH outpatient services, will have their own dental services. The UCSF School of Dentistry is currently negotiating with the Department of Public Health to establish a permanent dental clinic and "mini-dental school" at the hospital itself.

Claire Wray

Burn Unit Reduces Deaths

Since the six bed intensive care Burn Unit opened at SFGH in October, 1973, the death rate for severely burned patients treated at the hospital has been reduced by about 50 percent, reports Dr. Donald D. Trunkey, Chief of the unit, and UCSF Assistant Professor of Surgery.

"During a one-year period from 1972-73, there were 62 patients admitted to the hospital with burns over more than 15 percent of the body surface area. Of these, 11 died, (a mortality rate of 17.7 percent). Since the Burn Unit was opened there have been 27 comparable patients with three deaths . . . and a mortality of 10.7 percent," Dr. Trunkey said.

Special equipment, and "an unbelievable amount of nursing care, especially during the first three weeks," are responsible for the dramatic improvement, he reported.

"This is the most serious form of trauma (accidental injury)," according to Dr. Trunkey. Restoring the body's fluid and electrolyte (sodium, potassium, and calcium) balance, and preventing infection, are crucial.

Services of the Burn Unit, second of its kind in San Francisco, are available to all residents of the City. The unit is the latest addition to the hospital's nationally acclaimed Trauma Service, and includes rehabilitation service and plastic surgery.

The Burn Unit was officially dedicated at a ceremony February 11. A distinguished guest was Dr. Hiram Polk, Professor and Chairman, Department of Surgery, University of Louisville, and a renowned authority on burns.

Hospitals and Clinics: Synergy

Review of Medical Care

About one-third of personal health care money now comes from government sources, including Medicare and Medicaid, and the cost of medical services has been steadily rising. To control these costs and assure that the consumer is getting appropriate care, Congress last year enacted Public Law 92-603, creating a national system of Professional Standards Review Organizations (PSRO's).

These regional groups of physicians, affiliated with state and local medical societies, have responsibility for assuring that federally funded institutional care in their areas is subject to effective peer review. The Secretary of Health, Education and Welfare has announced that in areas where local PSRO's are not functioning by mid-1974, he will assign an organization of his choice to review the medical care being provided patients in hospitals, extended care facilities, and home care programs.

The Professional Standards Review Organizations have two alternatives. They may assume direct responsibility for peer review activities and recommend sanctions to correct deficiencies, or they may accept the activities and recommendations of the institution's own Utilization Review and Medical Audit Committee. (Peer review is the overall term for medical review efforts; Utilization Review and Medical Audit are major aspects of peer review.)

Utilization Review covers the appropriateness of patient admissions, use of facilities, level of care, length of stay, and discharge practices. It involves examination of whether the care provided is medically necessary, assurance that the patient is receiving neither more nor less than is needed, and that the care provided is of the highest quality.

Medical Audit is a program designed to evaluate by professional standards the specific care received. This is achieved by comparing the actual medical care received by groups of patients, with a set of criteria for high quality of care for each group.

Patient care review programs are not new. They go back to the turn of the century, and at UCSF have existed since the appearance of the first federal and state grants to indigent and retired people. Under direction of its former chairman, Dr. John Carbone of the Department of Medicine, a Utilization Review Committee has worked for many years on the UCSF campus to develop ways of monitoring the efficiency, effectiveness, and quality of patient care while meeting the needs of this teaching institution.

According to Dr. Carbone, good medical practice and good teaching go hand in hand. "Providing an efficient, humane experience for the patient; eliminating unnecessary procedures and duplication of effort; getting the patient diagnosed, effectively treated, and out of the hospital as soon as possible, are the most valuable kinds of teaching and learning experiences," he said.

At UCSF, this philosophy has been helpful in reducing the average length of patient stay from 10.0 days in 1966 to 8.5 days even though this medical center is caring for more and more patients with complicated conditions.

The current generation of physicians is being held increasingly accountable for the quality of medical care. The recent Congressional action was only one of the forces that have accelerated patient care review activities. Other third party sources of payment, and accrediting bodies (principally the Joint Commission on the Accreditation of Hospitals), also are bringing pressure to bear.

Recently at UCSF, various quality assurance activities were reorganized under a Patient Care Review Committee, headed by Dr. Carbone. Under this "umbrella committee," Utilization studies became the responsibility of Dr. Marcus Conant. A subcommittee on Medical Care Review, headed by Dr. Joseph C. Barbaccia, is responsible for Medical Audit, and a Utilization Review Nurse Coordinator is being recruited. Through these efforts, patterns of care will be translated into educational objectives and continuing education programs.

(San Francisco General Hospital has its own Utilization Review Committee, chaired by Dr. Faith Fitzgerald, and Medical Audit Committee headed by Dr. Donald Trunkey. A three-member administrative staff, including a Nurse Coordinator assists the program.)

The UCSF Patient Care Review Committee is working to identify those cross-departmental problems that affect each department's ability to deliver high quality of patient care. These will be brought to the attention of department chairmen, and suggestions for action and follow up will be submitted to Dr. E. P. Engleman, President of the Executive Medical Board, and Robert A. Derzon, Director, Hospitals and Clinics.

Input is encouraged from Nursing Service, Medical Records, Radiology, the Laboratories, Pharmacy, and Admitting Office, and every other department and service concerned with the quality of care.

"We need the widest possible participation by the entire medical staff and support services to assure continuing excellence of patient care at this medical center," said Dr. Carbone.

Patient care review activities at UCSF also are being furthered by the American Hospital Association's Quality Assurance Program, funded by a $28,000 grant described in another article on this page.

Claire Wray

AHA Quality Assurance Grant

The UCSF Medical Center is one of 16 health care institutions in the United States chosen to participate in a demonstration project involving the American Hospital Association's Quality Assurance Program (QAP).

A $28,000 grant awarded to UCSF will help to implement this program, which is designed to assure that patients receive high quality medical care. Goals of the project are to demonstrate the effectiveness of the Quality Assurance Program in selected hospitals; develop appropriate educational materials to support its introduction and implementation; and encourage the adoption of QAP in community hospitals throughout the nation.

When elements of the Quality Assurance Program are actively operating, physicians and other personnel from western hospitals will be invited to observe and study the program, and our staff will give assistance to other hospitals wishing to develop such a program.

The training that UCSF medical students and house staff receive will enable them to apply their knowledge at other institutions with which they might affiliate.

Hospitals were chosen for the pilot projects on the basis of size, type, and location. UCSF is the only university medical center in the west which is participating.

Your Gifts Help Others

Artificial limbs for children . . . eyeglasses and artificial eyes for needy patients . . . a bookcase and game table for a patient solarium . . . a stipend to help provide mental health services for deaf children.

These are a few of the ways in which tax-deductible gifts to the U.C. Hospitals and Clinics have been used recently. You can help our patients, too, by sending your donation in any amount to the "Hospitals and Clinics Patient Assistance Fund." Checks should be made to "The Regents of the University of California" and sent to Hospitals and Clinics Administration, Room 119 M, University of California, San Francisco, CA 94143.

New Clinics Building

A three-day dedication celebration will be held March 15 through 17 for the handsome new UCSF Ambulatory Care Center. Keynote speaker for the ribbon cutting ceremony Friday, March 15, at 10 a.m. will be Secretary of Health, Education and Welfare, Caspar Weinberger. The campus community, alumni, City officials, and Northern California civic and health leaders have been invited.

Referring physicians throughout Northern California have received a special invitation from the faculty of the School of Medicine to attend a scientific program and tours of the clinics Friday from 1:30 to 4:30 p.m. These physicians will have an opportunity to talk with the Chief of each service and ask questions about the new facilities. There will be special exhibits in many areas.

A community open house is planned Saturday and Sunday from 10 a.m. to 4 p.m. when all interested persons are invited to tour the Ambulatory Care Center, see the exhibits and visit health information booths to be set up by various agencies including community "free" clinics. Free parking will be available in the clinics garage for the Saturday and Sunday open house. Virtually all of the ambulatory care services will have moved into the seven clinic floors in time for the dedication celebration.

For patients used to the cramped, crowded former clinics, the contrast is dramatic. Those waiting to be seen are seated in spacious areas around the periphery of the building, overlooking magnificent views. Attractively furnished examination and consultation rooms are located at the core of the building.

In many ways, the opening of the Ambulatory Care Center marks a new beginning for outpatient services at UCSF, said Robert A. Derzon, Director of Hospitals and Clinics. "The new setting offers great advantages for examining alternative forms in ambulatory care, designed to achieve the best patient services, the most effective teaching, the greatest efficiency in cost containment," he said.

"We will be testing various models that will integrate the senior faculty in a traditional outpatient setting and, in the process, move modestly toward a system of 'faculty group practice' which could eliminate the differentiation between 'personal private' and 'departmental private' patients."

Several medical school faculty physicians, whose private offices—located in the old U.C. Hospital or elsewhere and removed from the mainstream of clinic activities—are moving into the new building. The experienced physicians will be more accessible to all patients, to residents, students, and to each other. By paying monthly service charges for use of space, personnel, and facilities, they are helping to offset costs of operating the new building, the Director pointed out.

Decentralization of the large, clinic outpatient programs into smaller separately administered units is one of the ways Mr. Derzon is trying to strengthen a more personal approach to the individual needs of patients. This plan, he believes, offers added opportunity for person-to-person contact between patients and various health professionals, such as Nurse Practitioners. Mr. Derzon added that the Executive Medical Board has agreed recently to pursue ways of involving the consumer in shaping policies related to the quality of both inpatient and outpatient care at UCSF.

"I am personally convinced that patients of this medical center see our services in ways that are unique to the user. I believe we will all benefit greatly by listening to what they have to say."

TO OUR FRIENDS: THANK YOU

Recent donations to the U.C. Hospitals and Clinics are acknowledged here. They are warmly appreciated in whatever category they were made.

Fund/Donor	In Memory of
Various Donors: Eleanor L. Holland Fund (Outpatient Clinics)	
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Mrs. Frank Fries	Mr. William E. Carroll
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	In Appreciation of
Claire F. Wray	Catherine Robinson

Various Donors: Pediatrics Fund

	In Memory of
The Davis, Winter, and Schulman families	Nellie Altfield
Mr. and Mrs. Ronald Rumney	Leif Clever
	In Appreciation of
Claire W. Wray	William G. Gonzalez
Catherine A. Callesen	For care of needy hospitalized children

Various Donors: U.C. Hospitals

Philip S. Jacobs
T. Starr
Mrs. Kathryn M. England donated her wheelchair to the Hospitals and Clinics

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Bertrand Charles Brooks Fund	
M. G. Ross and M. M. Rosti and families	Richard Roman

Medical Records Master File

Effective January 2, 1974 the bulk of the medical records located in B-18 Science Building were relocated in the New Clinics Building (Room P-765).

The NEW telephone locals for the Master File (Main File) are: 2473 and 4283.

Until further notice the Patient Index File, Medical Record Department, will continue to operate in B-18 Science Building, telephone locals are 4042 and 2081.

A BILL OF RIGHTS FOR PATIENTS

For a century the physicians of our faculty and our entire staff at U.C. have devoted their energies to the achievement of excellence in the care of patients. The following statement is a reaffirmation of our views toward your rights and responsibilities as patients. We wish to care for you in an atmosphere in which you are alert to our goals; and indeed, one in which you as a patient, can help us in special ways to help you.

1 *You have a right to considerate and respectful care without regard to your sex or your cultural, economic, educational or religious background.*

2 *You have the right to know the name of the physician who has primary responsibility for coordinating your care and the names of other doctors who will see you, and their professional relationship.*

3 *You have the right to receive information from your physician about your illness, your course of treatment, and your prospects for recovery in terms that you can understand.*

4 *You have the right to receive as much information about any proposed treatment or procedure as you may need, to give your consent or to refuse this course of treatment. Except in emergencies, this information should include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved in each. You also have the right to know the name of the person who will carry out the procedure or treatment.*

5 *You have the right to participate actively in decisions regarding your medical care. This includes the right to refuse treatment, and to be informed of the medical consequences of failure to undergo the treatment. Your refusal must be in writing over your signature.*

6 *You have the right to privacy in your medical care and treatment program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individuals not directly involved with your care. (If you are not sure why someone is present, ask your doctor or nurse.)*

7 *You have the right to confidential treatment of all communications and records pertaining to your care and your stay in the hospital. You must provide your written permission before your medical records can be made available to anyone not directly concerned with your care.*

8 *You have the right to expect that the Hospitals and Clinics will make reasonable responses to any reasonable requests you may make for service.*

9 *You have the right to leave the hospital even against the advice of your doctors. If you do so, you will be asked to sign a 'Discharge Against Medical Advice' form which relieves the Hospitals and Clinics of responsibility under this circumstance.*

10 *You have the right to obtain information about the relationship of the University of California Hospitals and Clinics to other health care and educational institutions insofar as your care and treatment are concerned.*

11 *You have the right to refuse and are under no obligation to participate in any research project affecting your care and treatment.*

12 *You have the right to expect that you (or your family) will be informed by your physician or a delegate of your physician of your continuing health care requirements following your discharge from the hospital.*

13 *You have the right to examine your bill and receive an explanation of the charges, whether they will be paid by you, your insurance company, or others.*

14 *Where a person other than the patient is legally responsible for making medical decisions on behalf of the patient, all of the above rights to information and participation in decision making apply.*

No catalogue of rights can assure 100 percent the kind of treatment our patients will receive. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities are conducted with an overriding concern for our patients, and, above all, the recognition of their dignity as human beings. Success in achieving this assures success in the defense of your rights as a patient.

PATIENTS ALSO HAVE RESPONSIBILITIES

1 *Please keep your appointments with us. Let us know when you cannot, so that we can schedule another patient for that time. Be open and honest with us about instructions you receive concerning your health; that is, let us know immediately if you do not understand them or if you feel that the instructions are such that you cannot follow them.*

2 *It is your responsibility to tell your doctor about any changes in your health.*

3 *You have the responsibility to be considerate of other patients, and to see that your visitors are considerate as well, particularly with reference to noise and smoking, which can be very annoying to nearby patients.*

4 *You also have the responsibility to provide information necessary for insurance processing of your Hospitals and Clinics bills, and to plan for payment of your health care bills as soon as possible. In cases of financial hardship you should discuss with the Financial Counseling Office the the possibility of financial aid to help in the payment of your Hospitals/Clinics bills.*

The University of California Hospitals and Clinics are interested in keeping you in the best health possible. If you feel you are not being treated fairly or properly, you have the right to discuss this with your doctor, nurse, unit manager, social worker or other health worker. You may also write to the Director, University of California Hospitals and Clinics, San Francisco, California 94143. All correspondence will receive prompt and personal attention.

This message reflects the interest and philosophy of the entire staff of the University of California Hospitals and Clinics.

Office of Robert A. Derzon
Director, Hospitals and Clinics
University of California, San Francisco

The Medical Staff
Dr. Ephraim Engleman, Chief
University of California, San Francisco

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Inside

Preparation and cooking of food can be a health factor. If you follow the "Magic-Four," there is less chance of being a victim of food-borne diseases. 1

A mother talks about her son's courage and spirit, and the kindness of friends, during the months that physicians at UCSF fought to save his life and his arm. 2

A "Potpourri of Musical Art" will feature artists whose first profession is Medicine. An evening of entertainment in the pleasant surroundings of Forest Hill Garden Club is sponsored by the UC Hospitals Auxiliary. The event will include a champagne reception and buffet. Order tickets immediately. 11

Better control over the quality and availability of health care is backed by Public Law 92-603. The American Hospital Association is encouraging quality review with its own program. 13

A new Bill of Rights has recently been drawn up and is in effect in UC and Moffitt Hospitals and Clinics. 15

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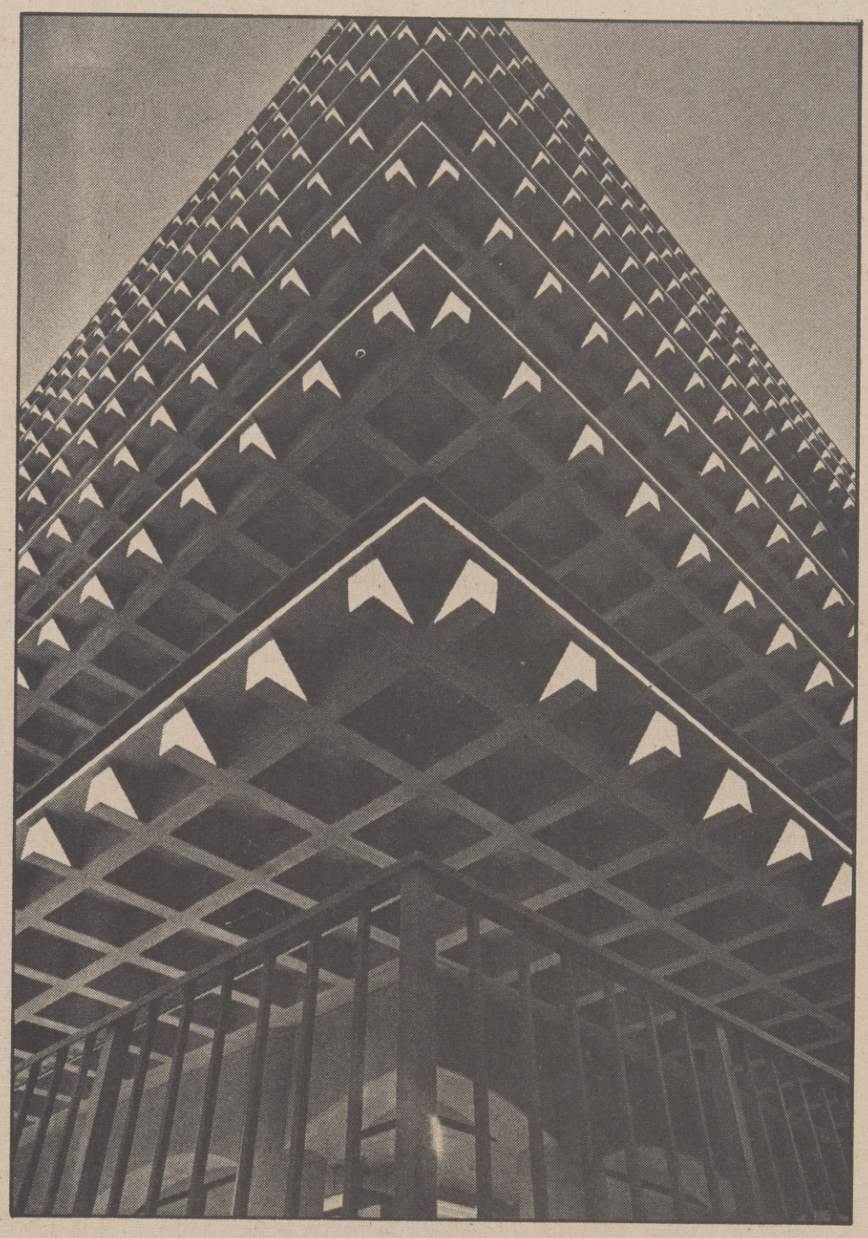

Sunlight paints geometric designs on a new health service facility at UCSF. (See pages 8 and 9)